

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER

Dan Cross

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1408219

STREET ADDRESS

CITY

Lincoln

STATE

CA

ZIP CODE

95648

Date of This Filing

8-15-18

Report No.

☐ Amendment to Report No. (explain below)

No. of Pages

Date Stamp

**RECEIVED**

AUG 15 2018

CITY OF LINCOLN

CALIFORNIA FORM

**497**

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## 1. Contribution(s) Received

| DATE RECEIVED  | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED  |
|----------------|---|---|---|--|
| <u>8-14-18</u> | <u>Terraviva Capital Partners LP</u>  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | <u>\$2,000.00</u><br><input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate |
|                |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate                      |
|                |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | <input type="checkbox"/> Check if Loan<br>_____%<br>Provide interest rate                      |

Reason for Amendment: \_\_\_\_\_

### \*\*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee